

TRAVEL EXPENSE CLAIM

STD. 282 (REV. 7/2005)

**See Instructions and *Privacy
Statement On Reverse Side**

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CLAIMANT'S NAME Alan Trounson			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT			
POSITION President			CB/ID No.		DIVISION or BUREAU			INDEX NUMBER	
RESIDENCE ADDRESS *					HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9105	
CITY		STATE		ZIP CODE		CITY		STATE	
[REDACTED]		[REDACTED]		[REDACTED]		San Francisco,		CA	
								94107	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
3	10:00	San Francisco		6.56							28	14.28		20.84
4	17:43	Los Angeles/San Francisco			8.00						28	14.28	47.71	69.99
														0.00
19	11:30	San Francisco/Los Angeles						70.00	T		28	14.28		84.28
20	22:10	Los Angeles/CA			4.38			80.00	T	66.00	28	14.28		164.66
														0.00
23	06:30	San Francisco/Millbrae								5.00	28	14.28		19.28
24		Millbrae			35.04					5.00				40.04
25	14:00	Millbrae/San Francisco									28	14.28		14.28
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	6.56	8.00	39.42	0.00	150.00		76.00	168	85.68	47.71	413.37
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

413.37

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

May 3-4/2011 - Travel to Los Angeles for ICOC Meeting
 May 19-20/2011 - Travel to Los Angeles for 2 Lectures at USC.
 May 23-25/2011 - Travel to Millbrae for Grants Working Group Meeting.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.51

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

06/22/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

22 June 2011

TITLE (See Item 17 on reverse)

DATE